



November 2, 2020

Web Announcement 2342

Attention Provider Type 22 (Dentist):

Claims for Procedure Code D1353 Reprocessed and Dental Fee-for-Service Coverage, Limitations and Prior Authorization Requirements Updated

Dental claims submitted with procedure code D1353 (Sealant Repair per Tooth) that denied or paid incorrectly with error code 5562 (1 Unit Allowed per 36 Rolling Months – PA Override) when D1353 was billed within the rolling 36 months for different tooth numbers have been automatically reprocessed. The impacted claims submitted by provider type (PT) 22 (Dentist) had dates of service on or after April 1, 2020, through September 8, 2020. Results of the reprocessed claims appear on remittance advices dated November 6, 2020.

Please note: When claims are reprocessed, please be aware that all system and clinical claim editor edits are applicable. As a result, there may be no additional payment, and other claim denials may be received. Providers have the right to appeal denied claims, including those denied upon reprocessing. Please refer to [Medicaid Services Manual Chapter 100](#) and the [Billing Manual](#) for information concerning the claim appeal process and time frames.

The PT 22 Dental Billing Guide Attachment A: Fee-for-Service Coverage, Limitations and Prior Authorization Requirements and the Medicaid Management Information System (MMIS) have been updated with current coverage, limitations and requirements per the Nevada Medicaid Services Manual (MSM) Chapter 1000 Dental. The updates are effective with dates of service on or after April 1, 2020.

Please review the updated [Fee-for-Service Coverage, Limitations and Prior Authorization Requirements](#) on the [Providers Billing Information](#) webpage.